

ENTRY FORM



Please Print Clearly

Grade Level: _____

Team Name: _____ City: _____

Contact Person Information:

Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone (Home): _____ (Work): _____

E-Mail Address: _____

ROSTER:

Please email us your team roster jrbisonboys@mts.net if you do not have access to e-mail, fill out the form below and fax it to Jr. Bison's at 1-204-334-0059.

Team Name: _____

City / Town: _____

Coaches Names:

Player Number/Name

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____
13. _____
14. _____
15. _____

Payment can be sent to 92 Quincy Bay, Winnipeg, MB R3T 4M6